

County: Brown
 WESTERN VILLAGE
 1640 SHAWANO AVE

Facility ID: 3770

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GREEN BAY 54303 Phone:(920) 499-5177
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 124
 Total Licensed Bed Capacity (12/31/04): 125
 Number of Residents on 12/31/04: 111

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 111

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	Developmental Disabilities	2.7	Under 65	13.5	1 - 4 Years	43.2
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	18.9	65 - 74	13.5	More Than 4 Years	18.0
Supp. Home Care-Household Services	No	Mental Illness (Other)	3.6	75 - 84	32.4		100.0
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33.3	*****	
Respite Care	Yes	Para-, Quadra-, Hemiplegic	0.9	95 & Over	7.2	Full-Time Equivalent	
Adult Day Care	No	Cancer	4.5			Nursing Staff per 100 Residents	
Adult Day Health Care	No	Fractures	0.9		100.0	(12/31/04)	
Congregate Meals	No	Cardiovascular	13.5	65 & Over	86.5	-----	
Home Delivered Meals	No	Cerebrovascular	9.9			RNs	9.8
Other Meals	No	Diabetes	4.5	Gender	%	LPNs	8.9
Transportation	No	Respiratory	4.5			Nursing Assistants,	
Referral Service	No	Other Medical Conditions	36.0	Male	34.2	Aides, & Orderlies	
Other Services	No		-----	Female	65.8		
Provide Day Programming for Mentally Ill	No		100.0				
Provide Day Programming for Developmentally Disabled	Yes				100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	9	11.0	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	8.1
Skilled Care	17	100.0	337	67	81.7	112	0	0.0	0	11	100.0	159	0	0.0	0	1	100.0	375	96	86.5
Intermediate	---	---	---	2	2.4	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	4	4.9	158	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.6
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		82	100.0		0	0.0		11	100.0		0	0.0		1	100.0		111	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04			

Percent Admissions from:		Activities of	%	% Needing Assistance of	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Number of Residents
Private Home/No Home Health	4.7	Bathing	3.6	36.0	111
Private Home/With Home Health	3.5	Dressing	10.8	86.5	111
Other Nursing Homes	4.7	Transferring	22.5	65.8	111
Acute Care Hospitals	85.9	Toilet Use	18.0	78.4	111
Psych. Hosp.-MR/DD Facilities	0.6	Eating	41.4	52.3	111
Rehabilitation Hospitals	0.0	*****			
Other Locations	0.6				
Total Number of Admissions	170	Continence	%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	9.0	Receiving Respiratory Care	9.0
Private Home/No Home Health	38.8	Occ/Freq. Incontinent of Bladder	57.7	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	16.5	Occ/Freq. Incontinent of Bowel	44.1	Receiving Suctioning	0.0
Other Nursing Homes	2.9			Receiving Ostomy Care	2.7
Acute Care Hospitals	7.6	Mobility		Receiving Tube Feeding	2.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.9	Receiving Mechanically Altered Diets	34.2
Rehabilitation Hospitals	0.0				
Other Locations	7.1	Skin Care		Other Resident Characteristics	
Deaths	27.1	With Pressure Sores	4.5	Have Advance Directives	79.3
Total Number of Discharges		With Rashes	1.8	Medications	
(Including Deaths)	170			Receiving Psychoactive Drugs	70.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.8	88.5	1.00	90.2	0.98	90.5	0.98	88.8	1.00
Current Residents from In-County	91.0	80.0	1.14	82.9	1.10	82.4	1.10	77.4	1.18
Admissions from In-County, Still Residing	22.9	17.8	1.29	19.7	1.16	20.0	1.15	19.4	1.18
Admissions/Average Daily Census	153.2	184.7	0.83	169.5	0.90	156.2	0.98	146.5	1.05
Discharges/Average Daily Census	153.2	188.6	0.81	170.5	0.90	158.4	0.97	148.0	1.03
Discharges To Private Residence/Average Daily Census	84.7	86.2	0.98	77.4	1.09	72.4	1.17	66.9	1.27
Residents Receiving Skilled Care	94.6	95.3	0.99	95.4	0.99	94.7	1.00	89.9	1.05
Residents Aged 65 and Older	86.5	92.4	0.94	91.4	0.95	91.8	0.94	87.9	0.98
Title 19 (Medicaid) Funded Residents	73.9	62.9	1.17	62.5	1.18	62.7	1.18	66.1	1.12
Private Pay Funded Residents	9.9	20.3	0.49	21.7	0.46	23.3	0.43	20.6	0.48
Developmentally Disabled Residents	2.7	0.9	3.05	0.9	2.87	1.1	2.41	6.0	0.45
Mentally Ill Residents	22.5	31.7	0.71	36.8	0.61	37.3	0.60	33.6	0.67
General Medical Service Residents	36.0	21.2	1.70	19.6	1.84	20.4	1.76	21.1	1.71
Impaired ADL (Mean)	49.0	48.6	1.01	48.8	1.00	48.8	1.00	49.4	0.99
Psychological Problems	70.3	56.4	1.25	57.5	1.22	59.4	1.18	57.7	1.22
Nursing Care Required (Mean)	6.9	6.7	1.03	6.7	1.02	6.9	1.00	7.4	0.92